



2022 Youth Chorus Participation and Medical Release Form

Participation

Student Name: _____ Home Phone: (____) _____

Street: _____ City: _____

Required Signatures: I hereby give permission for my son/daughter to participate in the 2022 Youth Pride Chorus of South Florida. I hereby hold the Gay Men's Chorus of South Florida harmless for any/all injuries or damages for the above child's participation in this event and I do, for myself, my heirs, executors and administrators, remise, release, waive and forever discharge the Gay Men's Chorus of South Florida and all of its officers, agents and employees, acting officially or otherwise, from all claims demands, actions, or causes of action, on account of any injury, death, or property damage which may occur at any time or for any cause during their participation in this event.

Parent or Guardian: _____ Student: _____

Emergency Medical Release

Family Physician: _____ Phone: (____) _____

Insurance Co. _____ Policy No. _____

Emergency Contact: _____ Phone: (____) _____

I hereby give permission for _____ to participate in the 2022 Youth Pride Chorus of South Florida, and I assume responsibility for the behavior and actions of my son/daughter. Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures s/he deems necessary for the welfare of this student while participating in the Youth Pride Chorus of South Florida. It is understood that the program staff and medical personnel will make every attempt to contact parents/guardians listed prior to taking any such actions. Furthermore, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both), and surgery for this applicant if emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness for physician's or surgeon's fees and hospital charges for such service.

Signature Parent/Guardian: _____ Date: _____

Relation to Student: _____ Phone: (____) _____

On the back of this form, please list any medications with dosages as well as allergies and any other necessary medical information